



CHILD CARE DEVELOPMENT FUND PROGRAM

Welcome to Maniilaq Association Employment & Training Program. The CCDF program provides financial assistance to help pay for child care expenses for families with Alaska Native or Native American children living within the Maniilaq Service Area.

Eligibility Criteria:

- Must be enrolled into a Federally Recognized Tribe.
- Must reside within the Maniilaq Service Area.
- Must have a demonstrated need for child care.
- Children must be under the age of 13; or physically or mentally incapable of caring for themselves and under the age of 18.
- Family must meet income requirements. Income limits and copayments are based on gross income and household size.
- Must be involved in an eligible activity, which may include: employment, attending an educational program, treatment/prevention services, TANF work activities, or subsistence activities.

To begin the process:

Submit a completed application, along with supporting documents, to our office in person, via email or by fax. Applications will NOT be processed until all required items have been received by the Workforce Development office. If an incomplete application is submitted you will be notified, and you will have 30 days from the date your application was received to submit any additional items needed. If requested items are not submitted by the due date, the application will be denied. Complete applications will be processed in the order which they are received. The CCDF Program is not responsible for any child care services provided prior to the approval date.

Application Checklist:

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| <input type="checkbox"/> Fully completed intake and parent application | <input type="checkbox"/> Employed Parents: Must submit an Employment Verification Form(s), completed by your employer. For those self-employed, additional documents may be required; |
| <input type="checkbox"/> Verification of ALL income received, both earned and unearned, by all members of the household in the past 30 days; | <input type="checkbox"/> College Students: Class Schedule, and Acceptance Letter into a college or university. |
| <input type="checkbox"/> Up-to-date immunization records for each child | <input type="checkbox"/> GED or Vocational Training Students: Enrollment/Training Verification Form, and Training Schedule (with days, hours listed, start and end dates of training). |
- The following are required ONLY, if not already on file:**
- Verification of Tribal Enrollment for each child and applicant(s);
 - Birth certificates for children needing care; If applicable, proof of child custody (Court order, affidavit or statement).

Child Care Assistance Program Income Table			
Income Limits are estimates based on household composition			
Family Size	Monthly Household Income Limit (Includes COLA amount)	Co-Pay Amount Range	
		Min.	Max.
2	\$8200	\$20	\$462
3	\$9300	\$20	\$571
4	\$10,475	\$20	\$680
5	\$11,675	\$20	\$789
6	\$12,850	\$20	\$897
7	\$13,175	\$20	\$918
8	\$13,475	\$20	\$938

Income limits may differ depending on household composition.

The earliest date that child care benefits will be paid, will be the date you are approved.



PARENT SUBSIDY APPLICATION

Applicant Information

Name: First Middle Last			Social Security Number		
Maiden Name: Or other Names Used:			Date of Birth:		<input type="radio"/> Male <input type="radio"/> Female
Mailing Address:		City:		State:	Zip:
Home Phone:		Other Phone:		Email Address:	

Parent(s)/Guardian(s) Employment Information (If applicable) - For both parents/ guardians

Applicant/First Parent:

Co-Applicant/Second Parent/Guardian:

Employer:		Job Title:		Employer:		Job Title:	
Supervisor:		Phone:	Wages:	Supervisor:		Phone:	Wages:
Work Schedule: (Days/Hours)		Dates Employed: (from/to)		Work Schedule: (Days/Hours)		Dates Employed: (from/to)	

Post-Secondary Education (If applicable) - For both parents/ guardians

Applicant/First Parent:

Co-Applicant/Second Parent/Guardian:

Name of School:		Field of Study:		Name of School:		Field of Study:	
Address:	City	State	Zip	Address:	City	State	Zip
Start Date:	End Date:	Phone Number:		Start Date:	End Date:	Phone Number:	

Absent Parent

Is there an absent parent? YES NO		If yes, parent name?	
Does the absent parent provide child support? YES NO		If yes, how much?	
How often is absent parent in contact with family?			

Income Information (Include all income received in previous 30 days)

INCOME SOURCE	MONTHLY AMOUNT	FROM WHOM	VERIFICATION MUST BE ATTACHED
Wages, Salary # 1 - Gross earned income	\$		Pay Stubs and Verification of employment form
Wages, Salary # 2 - Gross earned income	\$		Pay Stubs and Verification of employment form
Child Support	\$		Completed Child Support Declaration Form provided
TANF	\$		Award letter, check stub or verification from agency
Social Security	\$		Award letter, check stub or verification from agency
Supplemental Social Security	\$		Award letter, check stub or verification from agency
Unemployment Insurance or Retirement	\$		Verification from agency
Monthly Foster Care Payments	\$		Verification from agency
Other:	\$		Attach appropriate documents



Children Needing Care

Name: First Middle Last	DOB:	Age:	Relationship to Parent/Applicant:
Does this child have special needs: YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Explain:		
Name: First Middle Last	DOB:	Age:	Relationship to Parent/Applicant:
Does this child have special needs: YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Explain:		
Name: First Middle Last	DOB:	Age:	Relationship to Parent/Applicant:
Does this child have special needs: YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Explain:		
Name: First Middle Last	DOB:	Age:	Relationship to Parent/Applicant:
Does this child have special needs: YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Explain:		
Name: First Middle Last	DOB:	Age:	Relationship to Parent/Applicant:
Does this child have special needs: YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Explain:		

Child's Emergency Contact (Someone we can contact if parent/ guardian is unavailable)

Name: First Last	Home Phone:	Work Phone:
Cell Phone:	City/Village	State Zip Relationship to Child

Provider(s):

A. Childcare Provider Name:	
B. Childcare Provider Name:	

Please provide the physical addresses (if there is more than one) where the children will be provided care:

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List any persons over the age of 16 that reside in the addresses where the care will be taking place:



Verification of Employment or School Enrollment

Each parent/guardian in the household must complete this form.

Every question must be answered and signed by official staff, otherwise will not be considered official

Applicant's Name: _____

Employer/ Human Resources or School/ Training Registrar,
The individual named above has applied for services through Maniilaq Association's Employment & Training Program. Please provide the following information for verification.

Employer or Institution Name: _____

Employer or Institution Address: _____

Phone Number: _____ Fax Number: _____

Employee's Job Title: _____ Date of Hire: _____

Employment/Program Start Date: _____ End Date: _____

Disbursement date of first check: _____ Hourly Salary: _____ Hours per Week: _____

Employee / Student Weekly Schedule (Example: 8:00AM-5:00PM)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please indicate applicant's employment or school status:

- Full-Time, Permanent Employee (40 hours a week)
- Full Time Student at University (more than 12 credit hours)
- Full-Time, Temporary Job; if temporary, what is the duration of employment _____
- Part-time, Permanent or Temporary Employee (less than 20 hours a week)
If temporary, what is the duration of Employment _____.
- Part-time Student, Temporary or Short Training (Less than 1 year)
If temporary, what is the duration of Training _____.
- Other, explain: _____

Actual Date Paid	Gross Wages (before taxes)	Check Amount	Hours Worked

Authorizing Signature _____ Date: _____

Printed Name _____ Job Title: _____

Parent(s)/Guardian(s) Rights and Obligations

I understand my deliberate failure or misrepresentation of information used to receive services for which I was ineligible will result in a demand for repayment and may also subject me to legal action.

I understand I will be required to document my child(ren)'s attendance which should reflect the hours of care provided.

I understand I may only document attendance when my child is attending the location where the provider has been approved to care provide care.

I understand I must request a provider change by submitting a complete and current Provider Application to the Employment & Training Child Care Program.

I understand I must give my current provider and the Child Care Program 14 days' notice before I terminate child care services, except in case of sudden program ineligibility (such as quitting my job) or upon mutual agreement with the provider. If I do not provide notice, I will be responsible to pay the full cost of child care services to the provider for care that would have occurred during the 14 day period.

Further, I understand the choice of caregiver is not only my choice, it is my responsibility.

I understand it is my responsibility to report any suspected child abuse and neglect to the proper authority and others have the same responsibility concerning my child/children.

I understand parents, step-parents or legal guardians will not be paid as caregivers for their own children.

I understand information concerning my family regarding the CCDF program, and the services I receive, will be treated as confidential and will be used solely for the administration of the CCDF program.

I understand payment for my child's care will be made directly to the provider. It is my responsibility to pay the provider for services rendered any co-pays.

I understand it is my responsibility to withhold and make all applicable Internal Revenue Service (IRS) payments for my child care provider and for the end of the year reporting to the IRS.

I understand it is my responsibility to furnish the Child Care Program complete and accurate information including, but not limited to, income and family composition. I understand I will be required to submit proof of the information provided.

I understand subsidized child care will not begin until all forms are completed and I have received written notice from the Child Care Program or their representative.

I will renew my authorization early enough to continue with child care services. Authorizations cannot be backdated. I will be responsible to pay for child care received outside of the effective dates of the authorization.

I am responsible for paying the provider for cost above the maximum authorized subsidy, I will be responsible to pay for child care costs not paid by the program.

I understand I must report to the Child Care Program when my service need ends, my family composition changes, I move to a new address or I obtain a new phone number within ten (10) calendar days of the change and provide supporting documents.

I agree to discuss complaints first with my provider and/or Child Care office to resolve the problem through informal means. If the problem is not resolved, I understand the Child Care office will provide procedures regarding the appeal process.

I understand I may be asked to cooperate with state and/or federal personnel in any audit or quality assurance review. I further understand my failure to cooperate may result in termination from the program.

I understand my child care may be terminated for any of the following reasons:

- Requesting more than three (4) provider changes in a twelve (12) month period;
- Allowing another person to document attendance and/or;
- Failing to pay my co-pay.

I understand my child care will be terminated for any of the following reasons:

- My child is not a member of a Federally Recognized Tribe, and/or a resident of the Maniilaq Service Area;



- I fail to complete required CCDF paperwork;
- I am no longer employed, in a training, education program or seeking self-sufficiency;
- I have been convicted of welfare and/or CCDF fraud;
- My child turns 13 or 18 for a child with documented special needs;
- I deliberately fail to report loss of service need or change in family composition;
- I falsify any required documentation;
- I fail to honor the CCDF agreement; and/or
- My child/children's have been inactive for sixty (60) days or more.

I understand my child care provider may be de-certified and child care payments may be suspended or stopped for my child care provider's failure to comply with any of the following provisions:

- A substantiated health or safety hazard;
- Threatening behavior;
- False information on any form connected with the CCDF program;
- Being under investigation for fraud;
- A pending abuse or neglect charge against the provider, or a member of the provider's household if care is provided in the their home;
- The death of a child while in the provider's care; and/or
- Illegally operating a home or facility.

I understand payments will be stopped and my provider will be de-certified for any of the following:

- A conviction or substantiated abuse or neglect charge against the caregiver indicating harmful behavior to children;
- Substantiated fraud in the receipt of government funds;
- Loss of licensure or registration when required by State law;
- Proven forgery of signatures on any forms and/or;
- Failure to comply with CCDF Provider Eligibility Standards as of the effective date of an administrative order.

I understand my right to file a written complaint if:

- I believe I have been discriminated against because of race, color, age, sex, religion, disability, national origin, or ancestry; or
- My application for services was not promptly acted upon; or
- I disagree with an action taken regarding my eligibility.

You have the right to appeal in writing to the Workforce Development Program Director, regarding my program eligibility, percentage of subsidy or hours for which care is authorized.

Disclosure Statement: 18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Maniilaq Association Workforce Development CCDF Program, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of CCDF benefits, and/or the imposition of fines, civil damages, and/or imprisonment.

Parent/Applicant Signature _____ Printed Name _____ Date _____

Parent/Applicant Signature _____ Printed Name _____ Date _____

The income and residency documentation you submit must be dated no earlier than 30 days before the date you sign this worksheet.

Please contact the WFD Office to ensure your documents were received.